Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0680044	BULLS BRIDGE COUNTRY STORE		NC	28	Р	GW		
Local Address (where applicable) Service Resider				ntial	Commercia	al Industri	al Combine	ed Agricultural
337 KENT ROAD)	Connections			3			

Towns Served: KENT

Towns Served: KENT						
M	lonitoring Requ	uirement	ts			
Water System Facility: DISTRIBUTION SYSTEM ((WSF ID: 00600)					
Total Coliform (3100)				1 rc	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Complia	nce Status
Select from Inventory of Active Sampling Points		10/1/18 - 12	2/31/18		Con	nplete
		1/1/19 - 3/	/31/19		Con	nplete
		4/1/19 - 6/	/30/19			
		7/1/19 - 9/	/30/19			
Physical Parameters (PPS)				1 rc	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Complia	nce Status
Select from Inventory of Active Sampling Points	om Inventory of Active Sampling Points 10/1/18 - 12/31/18				Con	nplete
		1/1/19 - 3/	/31/19		Con	nplete
		4/1/19 - 6/	/30/19			
		7/1/19 - 9/	/30/19			
Water System Facility: ENTRY POINT (WSF ID: 0	0700)					
Nitrate And Nitrite (NOX)					1 routine (R7	「) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Complia	nce Status
ENTRY POINT (3)		1/1/18 - 12	/31/18		Con	nplete
		1/1/19 - 12	/31/19			
		1/1/20 - 12	/31/20			
Public	c Notification R	Requirem	nents			
	Compliance	Notice	Public	Notification Notification	<u>PN Certi</u>	<u>fication</u>
Violation/Situation	Period	Tier	Require	d Performed	Due to DPH	Received

Public	Notification R	equiren	nents			
	Compliance	Notice	Public No	PN Certi	<u>fication</u>	
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Total Coliform MCL Violation	4/1/11 - 6/30/11	2	6/25/2011		7/5/2011	

	V	Vater System Facili	ity and Sampling P	Point Ir	nvento	ry			
Water System	Water System Facility		Sampling Point		Total Coliform				Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21159	WELL	2	WELL	Α					
55802	PRESSURE TANK								
55804	TREATMENT FILTER								

			(Contact Info	ormation				
Name		Organization		Job Title					
Mr. John O'hara Bulls Bridge Country Store							Property O	wner	
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City	State	Zip Code
1 Boulder Brook Lar	ne			New Milfe				СТ	06776
Business Phone	Extension	Fax	1	Mobile Phone	Emergency Phone	Email Ad	ldress	·	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of	f Public H	lealth	Di	cinking	g Water	Section	
	Water Quality Monit	coring an	d Con	npl	iance S	Schedul	.e	
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source
CT0680044	BULLS BRIDGE COUNTRY STORE	NC 28 P GW						
Local Address (v	where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
337 KENT ROAD)	Connections			3			
Towns Served: I	KENT	·						
	203-4	417-0000	860-927	-309	4			
Contact Role(s):	Administrative Contact, Legal Contact, Ow	ner						

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department Water Quality Mo				C				
PWS ID	PWS Name	PWS Name Classification Population Owner Type Primary Source							
СТ0680064	HIGH WATCH RECOVERY CENTER				NC	86	Р	GW	
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural	
62 CARTER ROAD Connections					10				
T C I	I/ENIT	·					,		

C.000000	INGII WATCII NECOVERI	CLIVILIN			110		,,	•	011
Local Add	lress (where applicable)		Service	Residential	Comm	ercial Ir	ndustrial	Combined	Agricultura
62 CARTE	R ROAD		Connections		10	0			
Towns Se	rved: KENT								
		Monito	oring Requ	iirement	:S				
Water Sy	ystem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)						
Total Co	oliform (3100)						1 ro	utine (RT) լ	er quarter
Sam	pling Point (Sampling Point ID)			Monitoring	Period	Collect	ion Period	Compli	ance Status
Seled	ct from Inventory of Active Samp	oling Points		10/1/18 - 12	2/31/18			Co	mplete
				1/1/19 - 3/	31/19			Co	mplete
				4/1/19 - 6/	30/19				
				7/1/19 - 9/	30/19				
Physical	l Parameters (PPS)						1 ro	utine (RT) լ	er quarter
Sam	pling Point (Sampling Point ID)			Monitoring	Period	Collect	ion Period	Compli	ance Status
Seled	ct from Inventory of Active Samp	oling Points		10/1/18 - 12	2/31/18			Co	mplete
				1/1/19 - 3/	31/19			Co	mplete
				4/1/19 - 6/	30/19				
				7/1/19 - 9/	30/19				
Water Sy	ystem Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate A	And Nitrite (NOX)						1	routine (R	T) per year
Sam	pling Point (Sampling Point ID)			Monitoring	Period	Collect	ion Period	Compli	ance Status
ENT	RY POINT (3)			1/1/18 - 12/	/31/18			Co	mplete
				1/1/19 - 12/	/31/19			Co	mplete
				1/1/20 - 12/	/31/20				
		Other Co	ompliance	Schedul	les				
Complian	ce Schedule Activity			Due	e Date		Achieved	Date	
CROSS CC	ONNECTION SURVEY REPORT			3/1	/2020				
	Wate	r System Facili	ty and Sai	npling Po	oint In	vento	ry		
Water						Total	Lead and	1	
System	Water System Facility	Sampling Point		nt		Coliform	Copper		Stage
Facility IE	D	ID	Description		Status	Rule	Rule Tie	Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	Α				
		UPSTREAM	WITHIN 5 SEF	RVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT		Α				
23009	WELL #1	2	WELL #1		Α				

55790 WELL #2 2 WELL #2 Α 2 55792 WELL#3 WELL#3 Α 2 55794 WELL#4 WELL #4 Α 55796 ATMOSPHERIC TANK 55798 **BLADDER TANKS** 55800 **BOOSTER PUMPS**

Connecticut Department of Public Health Drinking Water Section								
Water Quality Monitoring and Compliance Schedule								
PWS ID	PWS Name	PWS Name Classification Population Owner Type Primary Source						
СТ0680064	HIGH WATCH RECOVERY CENTER				NC	86	Р	GW
Local Address (where applicable) Service Residential Commercial Industrial						al Combine	ed Agricultural	
62 CARTER ROAD Connections					10			

			Co	ontact Inf	ormation					
Name				Organization	1	Job Title				
Mr. Vinnie Roberti				High Watch	Recovery Center		Director Maintenance			
Mailing Address Lin	e One		Mailing Addr	ddress Line Two City				State	Zip Code	
Director of Mainter	nance		62 Carter Rd	, PO Box 607		Kent CT 067			06757	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	e Email Address				
860-927-3772			86	0-597-8594		vroberti@highwatchrecovery.com				
Contact Role(s): A	dministrative (Contact								
Name				Organization	1			Job Title		
Mr. Jerry Schwab				High Watch	Recovery Center		Ceo & Pres	ident		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code	
62 Carter Road			PO Box 607			Kent		СТ	06757	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ddress			
860-927-3772						jschawb@highwatchrecovery.com				
Contact Role(s): Le	egal Contact		,		•					

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dep						ction
		ality Monit	oring and Comp				
PWS ID	PWS Name	4 A 4 D C	С				ner Type Primary Source
CT0680074	KENMONT & KENWOOD C	AMPS	6	NC		25	P GW
	vhere applicable)		Service Residentia Connections			dustrial	Combined Agricultura
65 KENMONT RO Towns Served: K			Connections	1.	12		
Towns Served. N	LIVI	Monite	oring Requiremen	tc			
Water System	Facility: DISTRIBUTION						
Total Coliform	(3100)					3 rou	tine (RT) per quarter
Sampling P	Point (Sampling Point ID)		Monitoring	Period	Collecti	ion Period	Compliance Status
Select from	Inventory of Active Samplin	ng Points	4/1/19 - 6				
			7/1/19 - 9	/30/19			
Physical Parar	• •						tine (RT) per quarter
	Point (Sampling Point ID)		Monitoring		Collecti	ion Period	Compliance Status
Select from	Inventory of Active Samplin	ng Points	4/1/19 - 6				
\A/=+= C+=	E: Ith FAITDY DOINT	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7/1/19 - 9	/30/19			
•	Facility: ENTRY POINT -	WELL #1 (WSF	D: 00701)				(>=)
Nitrate And N	itrite (NOX) Point (Sampling Point ID)		Monitoring	Pariod	Collecti	ا 1 ion Period	routine (RT) per year Compliance Status
	NT - KENWOOD (3)		1/1/18 - 12		Conecti	on Periou	Complete
LIVINITOI	VI KENWOOD (3)		1/1/19 - 12				complete
			1/1/20 - 12				
Water System	Facility: ENTRY POINT -	FAIRWAY WELL		, - ,			
Nitrate And N	•		,			1	routine (RT) per year
	Point (Sampling Point ID)		Monitoring	Period	Collecti	ion Period	Compliance Status
ENTRY POI	NT - KITCHEN HOT (3)		1/1/18 - 12	/31/18			Complete
			1/1/19 - 12	/31/19			
			1/1/20 - 12	/31/20			
Water System	Facility: ENTRY POINT -	BOYS' WELL (W	/SF ID: 00704)				
Nitrate And N	• •					1	routine (RT) per year
	Point (Sampling Point ID)		Monitoring		Collecti	ion Period	Compliance Status
ENTRY POI	NT - KENMONT (3)		1/1/18 - 12				Complete
			1/1/19 - 12				
		Other C	1/1/20 - 12				_
Compliance Sch	edule Activity	Other C	ompliance Schedu	e Date		Achieved I	Date
	TION SURVEY REPORT			1/2019		Acmeveu	
	T UP COMPLETION			.5/2019			
		System Facili	ty and Sampling P		nventor	У	
Water					Total	Lead and	
	er System Facility		Sampling Point		Coliform	Copper	Stage
Facility ID		ID	Description	Status		Rule Tier	Asbestos WQP 2 DBP
00600 DISTF	RIBUTION SYSTEM	4	GENERATED BY BATCH	Α .	Y		
		4 - KENMONT	DISTRIBUTION KENMON		Y		
		4 - KENWOOD	DISTRIBUTION KENWOO		Y		
		4-UOI&CABIN	DISTRIBUTION SYSTEM	Α	Υ		

Α

DOWNSTREAM WITHIN 5 SERVICE CON

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0680074	KENMONT & KENWOOD CAMPS				NC	825	Р	GW
Local Address (where applicable)		Service	Residentia		Commercia	al Industri	al Combine	ed Agricultural
65 KENMONT R	OAD	Connections			112			

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP .	Stage 2 DBPR		
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00701	ENTRY POINT - WELL #1	3	ENTRY POINT - KENWOO	Α							
00703	ENTRY POINT - FAIRWAY WELL	3	ENTRY POINT - KITCHE	Α							
00704	ENTRY POINT - BOYS' WELL	3	ENTRY POINT - KENMON	Α							
21162	WELL 1	2	WELL 1-KENWOOD	Α							
57645	FAIRWAY WELL	2	WELL 3-HOT	Α							
57647	BOYS' WELL	2	WELL 4-KENMONT	Α							
57773	ATMOSPHERIC TANKS - KENWOOD										
57775	ATMOSPHERIC TANK - KENMONT										
57777	BLADDER TANKS - KENMONT										
57779	HYDROPNEUMATIC TANK - FAIRWAY										

				ormation				
			Organization				Job Title	
hin			Campland In	С		President		
One		Mailing Add	dress Line Two			City	State	Zip Code
					Kent		CT	06757
Extension	Fax	Λ	Nobile Phone	obile Phone Emergency Phone E		E Email Address		
					mkulchir	n@aol.com		
al Contact		,						
Name						Job Title		
One		Mailing Add	dress Line Two			City	State	Zip Code
					Kent		CT	06757
Extension	Fax	N	Nobile Phone	Emergency Phone	Email Ac	ldress		
ner								
			Organization				Job Title	
			Kenmont & R	Kewood Camps		Director		
One		Mailing Add	dress Line Two			City	State	Zip Code
					Saddle R	iver	NJ	07458
Extension	Fax	N	/lobile Phone	Emergency Phone	Email Ad	ldress		
	845-262-1	1091			scott@k	encamp.com	1	
r	Extension al Contact One Extension ner One Extension	Extension Fax al Contact One Extension Fax ner One Extension Fax 845-262-1	Extension Fax Mailing Add Extension Fax Mailing	Extension Fax Mobile Phone Contact Organization One Mailing Address Line Two Extension Fax Mobile Phone Mer Organization Kenmont & Fax One Mailing Address Line Two Kenmont & Fax Mobile Phone	Extension Fax Mobile Phone Emergency Phone al Contact Organization One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone ner Organization Kenmont & Kewood Camps One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone 845-262-1091	Kent	Kent	Extension Fax Mobile Phone Emergency Phone Email Address mkulchin@aol.com mkulchin@aol.com Job Title

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

water Quanty womtoning and compliance beneaute										
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source		
СТ0680074	KENMONT & KENWOOD CAMPS				NC	825	Р	GW		
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural		
65 KENMONT ROAD		Connections			112					

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dep	partment of	Public F	lealth	Drin	king V	Vate	· Se	ction		
	*	ality Monit				_					
PWS ID	PWS Name	diffey 14101116	orms am	u don				_	ner Type P	rimary Sourc	
CT068009					N		573		S	GW	
Local Addı	ress (where applicable)		Service	Residen	tial Co	mmercial	Industr	ial	Combined	Agricultura	
ROUTE 7			Connections	3							
Towns Ser	ved: KENT					1					
		Monite	oring Requ	uireme	nts						
Water Sy	stem Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)								
Total Co	liform (3100)							1 rou	itine (RT)	per quarter	
Samp	oling Point (Sampling Point ID)			Monitori	ng Perio	od Colle	ection Pe	eriod	Compl	iance Status	
Selec	t from Inventory of Active Sampl	ing Points		4/1/19 -	6/30/1	9					
				7/1/19 -	9/30/1	9					
_	Parameters (PPS)									per quarter	
Sampling Point (Sampling Point ID)				Monitori			ection Pe	eriod	Compl	iance Status	
Selec	t from Inventory of Active Sampl		4/1/19 -								
\A/=+== C:-	stans Facility FAITDY DOINT	(MCF ID: 00700)		7/1/19 -	9/30/1	9					
	stem Facility: ENTRY POINT	(WSF ID: 00700)								\ - \	
	And Nitrite (NOX)			Monitori	na Boris	nd Call	ection Pe		-	RT) per year	
	RY POINT (3)			<i>Monitori</i> 1/1/18 -			ection Pe	erioa		iance Status omplete	
LINIII	TI FORTI (3)			1/1/19 -						mpiete	
				1/1/20 -							
		Other C	ompliance								
Complian	ce Schedule Activity	O tiller O			Due Dat	re	Δchi	eved	Date		
	NNECTION EXEMPTION				3/1/201		7.0111	crea	Date		
	L START UP COMPLETION				4/1/201						
	Water	System Facili	itv and Sar				orv				
Water		.,		1 0		Tota		l and			
System	Water System Facility	Sampling Point	Sampling Poi	int		Colifor		per		Stage	
Facility ID		ID	Description		Sta	tus Rule	e Rule	e Tier	Asbestos	WQP 2 DBP	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Ι Δ	, Y					
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	N A						
		UPSTREAM	WITHIN 5 SEF	RVICE CON	N A	1					
00700	ENTRY POINT	3	ENTRY POINT	•	Д	1					
21164	WELL	2	WELL		Δ						
		Con	tact Infori	mation							
Name		0	rganization						Job Title		
Mr. David	Cooley	De	eep-Engineerir	ng Unit		:	Supv Civi	il Eng	ineer		
Mailing Ad	ddress Line One	Mailing Addres	s Line Two				City		State	Zip Code	
i de la companya de		The state of the s				1			1 1		

Mobile Phone

860-205-7552

Portland

david.cooley@ct.gov

Emergency Phone Email Address

860-424-3333

06480

CT

163 Great Hill Road

Business Phone

860-342-2215

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax 860-344-2560

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

Water Quarty France and Compilation Sollection										
PWS ID	PWS ID PWS Name			Clas	ssification	Population	Owner Type	Primary Source		
CT0680094	0094 KENT FALLS STATE PARK				NC	573	S	GW		
Local Address (v	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural			
ROUTE 7		Connections	3							

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0680114	KENT SCHOOL HOCKEY RINK				NC	108	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
ROUTE 341W		Connections	2		2			

Towns Served: KENT

Monitoring Requirements									
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	0600)								
Total Coliform (3100)		1 routine (RT) pe							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						
	1/1/19 - 3/31/19		Complete						
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Physical Parameters (PPS)		1 rout	ine (RT) per quarter						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						
	1/1/19 - 3/31/19		Complete						
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Water System Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete						
	1/1/19 - 12/31/19								
	1/1/20 - 12/31/20								

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2020	

	Water System Facility and Sampling Point Inventory										
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper			Stage		
Facility ID	•	ID	Description	Status	Rule		Asbestos	WQP			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
21165	WELL	2	WELL	Α							
51363	ATMOSPHERIC TANK										
51365	HYDROPNEUMATIC TANK										

				Contact Info	ormation					
Name				Organization				Job Title		
Mr. Joseph Wolinsl	ki			Kent School (Corp.		Facilities Director			
Mailing Address Lin	e One		Mailing	g Address Line Two			City State Zip Coo			
P.O. Box 2006						Kent		СТ	06757	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
860-927-3160		860-927-	1376		203-927-4801	WOLINSKIJ@KENT-SCHOOL.EDU				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

(Connectic	ut Depar	tment	of Pub	lic H	lealth I	Drin	king	Water	Sectio	n	
	Wat	ter Quali	ity Mo	nitoring	gan	d Com	plia	nce S	chedul	e		
PWS ID	PWS Name						Classifi	cation I	Population	Owner Typ	e Pr	imary Source
CT0680114	KENT SCHOOL H	OCKEY RINK					N	С	108	Р		GW
Local Address (wh	nere applicable)			Service	9	Residentia	al Coi	mmercia	l Industri	al Combi	ned	Agricultura
ROUTE 341W				Conne	ctions	2		2				
Towns Served: KE	NT									'		
Contact Role(s):	Administrative	Contact										
Name				Organizati	ion					Job T	tle	
Kent School Corp	oration											
Mailing Address L	ine One	1	Mailing Ad	dress Line Tv	vo				City	Stat	e	Zip Code
		F	O Box 20	06				Kent		СТ		06757
Business Phone	Extension	Fax	N	Aobile Phone	e Ei	mergency P	Phone	Email A	ddress			
860-927-6000												
Contact Role(s):	Owner				·							
Name				Organizati	ion					Job T	tle	
Mr. Jeffrey Catal	do			Kent Scho	ol				Business I	Manager		
Mailing Address L	ine One	1	Mailing Ad	dress Line Tv	vo				City	Stat	е	Zip Code
P.O. Box 2006								Kent		СТ		06757
Business Phone	Extension	Fax	N	Aobile Phone	e Ei	mergency P	Phone	Email A	ddress			
860-927-6046		806-927-60	052					cataldo	k@kent-sch	nool.edu		
Contact Role(s):	Legal Contact											

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Departmen	t of Publ	ic Healt	h Drink	ing '	Water S	ection	
Water Quality Mo	nitoring	and Co	mpliano	ce So	chedule		
PWS ID PWS Name	0	'	_			wner Type Pri	imary Source
CT0680124 LAKE WARRAMAUG/CAMPGROUND W	/ELL		NC		300	S	GW
Local Address (where applicable)	Service	Reside	ntial Comn	nercial	Industrial	Combined	Agricultural
WEST SHORE ROAD	Connec	tions 7					
Towns Served: KENT							
Mo	onitoring F	Requirem	ents				
Water System Facility: DISTRIBUTION SYSTEM (V	VSF ID: 0060	0)					
Total Coliform (3100)					1 rc	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monito	ring Period	Col	lection Perio	d Complia	ınce Status
Select from Inventory of Active Sampling Points		4/1/19	9 - 6/30/19				
		7/1/19	9-9/30/19				
Physical Parameters (PPS)					1 rc	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monito	ring Period	Col	lection Perio	d Complia	ince Status
Select from Inventory of Active Sampling Points		4/1/19	- 6/30/19				
		7/1/19	9-9/30/19				
Water System Facility: ENTRY POINT (WSF ID: 00	700)						
Nitrate And Nitrite (NOX)						1 routine (R	Γ) per year
Sampling Point (Sampling Point ID)		Monito	ring Period	Col	lection Perio	d Complia	ınce Status
ENTRY POINT (3)		1/1/18	- 12/31/18			Cor	nplete
		1/1/19	- 12/31/19				
		1/1/20	- 12/31/20				
Othe	er Complia	nce Sche	dules				
Compliance Schedule Activity			Due Date		Achieve	d Date	
CROSS CONNECTION EXEMPTION			3/1/2017				
SEASONAL START UP COMPLETION			4/1/2019				
Public	Notification	on Requii	ements				
_	Compliand				<u>ification</u>	<u>PN Certi</u>	<u>fication</u>
Violation/Situation	Period	Tie	110 9 511		Performed	Due to DPH	Received
Distribution Turbidity MCL Violation	4/1/13 - 6/30	-	10/30/			11/9/2013	
Distribution Turbidity MCL Violation	7/1/13 - 9/30	0/13 2	2/8/2	014		2/18/2014	
Water System F	acility and	l Samplin	g Point I	nven	tory		
Water				Tota	al Lead an	nd	
	Point Samplin	_		Colifo			Stage
Facility ID ID	Descrip		Status		e Rule Ti	er Asbestos I	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4		UTION SYSTE		Υ			
	EAM WITHIN						
UPSTREA	AM WITHIN	5 SERVICE CO	ON A				
00700 ENTRY POINT 3	ENTRY F	POINT	Α				
21166 WELL 2	WELL		A				
	Contact In	formatio	n				
Name	Organizatio	on				Job Title	

Deep-Engineering Unit

Mailing Address Line Two

Mobile Phone

860-205-7552

Supv Civil Engineer

State

CT

City

david.cooley@ct.gov

Portland

Emergency Phone Email Address

860-424-3333

Zip Code

06480

Mr. David Cooley

163 Great Hill Road

Business Phone

860-342-2215

Mailing Address Line One

Extension

Fax

860-344-2560

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
DWC Name	Classification	Donulation	Owner Type	Drin

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Prir	mary Source
CT0680124	LAKE WARRAMAUG/CAMPGROUND WELL				NC	300	S		GW
Local Address (v	vhere applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed	Agricultural
WEST SHORE RO	DAD	Connections	7						

Contact Role(s): Administrative Contact, Legal Contact, Owner

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dep	artmer	it of Public l	Health	Drink	ing	Water S	ection	
	Water Qua	ality Mo	onitoring ar	nd Com	plian	ce So	chedule		
PWS ID	PWS Name		<u> </u>					wner Type Pri	imary Source
CT0680134	LAKE WARRAMAUG/DAY U	JSE WELL			NC		300	S	GW
Local Address (\	where applicable)		Service	Residen	tial Comn	nercial	Industrial	Combined	Agricultural
WEST SHORE RO	* * * * * * * * * * * * * * * * * * * *		Connection	3					
Towns Served: I	KENT								
		M	onitoring Req	uireme	nts				
Water System	Facility: DISTRIBUTION	SYSTEM (WSF ID: 00600)						
Total Coliforn	n (3100)						1 r	outine (RT) p	er quarter
Sampling I	Point (Sampling Point ID)			Monitori	ng Period	Col	lection Perio	d Complia	ance Status
Select fron	n Inventory of Active Samplin	ng Points		4/1/19 -	6/30/19				
				7/1/19 -	9/30/19				
Physical Para	meters (PPS)						1 r	outine (RT) p	er quarter
Sampling I	Point (Sampling Point ID)			Monitori	ng Period	Col	lection Perio	d Complia	ance Status
Select fron	n Inventory of Active Samplir	ng Points		4/1/19 -	6/30/19				
				7/1/19 -	9/30/19				
Water System	Facility: ENTRY POINT (WSF ID: 0	0700)						
Nitrate And N	litrite (NOX)							1 routine (R	T) per year
	Point (Sampling Point ID)			Monitori	ng Period	Col	lection Perio	' - '	ance Status
ENTRY POI				1/1/18 -	12/31/18		4/1-9/30	Cor	mplete
				1/1/19 -	12/31/19		4/1-9/30		
				1/1/20 -	12/31/20		4/1-9/30		
		Oth	er Complianc	e Sched	ules				
Compliance Sch	edule Activity			ı	Due Date		Achieve	d Date	
SEASONAL STAF	RT UP COMPLETION			4	4/1/2019				
		Public	Notification	Require	ments				
			Compliance	Notice	Pub	lic Not	tification	PN Certi	<u>fication</u>
Violation/Situa	tion		Period	Tier	Requi	ired	Performed	Due to DPH	Received
Distribution Tur	bidity MCL Violation		4/1/13 - 6/30/13	2	10/30/	2013		11/9/2013	
Distribution Tur	bidity MCL Violation		7/1/13 - 9/30/13	2	2/8/2	014		2/18/2014	
REVISED TOTAL	COLIFORM RULE (RTCR)		5/5/18 - 5/7/18	3	7/25/2	2019		8/4/2019	
	Water	System I	acility and Sa	mpling	Point I	nven	tory		
Water						Tot	al Lead ar	nd	
System Wate	er System Facility	Sampling	Point Sampling Po	oint		Colife	orm Coppe	r	Stage
Facility ID		ID	Description		Status	Ru	le Rule Ti	er Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTIO	ON SYSTEM	Α	Υ			
		DOWNST	REAM WITHIN 5 SE	RVICE CON	1 A				
		UPSTRE	AM WITHIN 5 SE	RVICE CON	I A				
00700 ENT	RY POINT	3	ENTRY POIN	Т	Α				
21167 WEL	<u></u>	2	WELL		Α				
			Contact Infor	mation					
Name			Organization					Job Title	
							1		

Deep-Engineering Unit

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

			<i>J</i>	0		1				
PWS ID	PWS Name					Classi	ification	Population	Owner Type	Primary Source
CT0680134	LAKE WARRAMAUG/I	DAY USI	E WELL				NC	300	S	GW
Local Address (\	where applicable)			Service	Resider	ntial C	Commercia	l Industria	al Combine	ed Agricultural
WEST SHORE RO	DAD			Connections	3					

Contact Role(s): Administrative Contact, Legal Contact, Owner

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dep								
	Water Qu	iality Mo	onitoring an	d Comp	olian	ce Sc	hedule	9	
PWS ID	PWS Name								Primary Source
CT068014	4 LAKE WARRAMAUG/SHO	P WELL			NC		26	S	GW
Local Addr	ress (where applicable)		Service	Residentia	al Com	mercial	Industria	Combine	d Agricultural
WEST SHC	DRE ROAD		Connections	4					
Towns Ser	ved: KENT								
		M	onitoring Requ	irement	ts				
Water Sy	stem Facility: DISTRIBUTION	SYSTEM (WSF ID: 00600)						
Total Col	liform (3100)						1	routine (RT) per quarter
Samp	oling Point (Sampling Point ID)			Monitoring	Period	Colle	ection Peri	od Comp	oliance Status
Selec	t from Inventory of Active Sampl	ing Points		4/1/19 - 6/	/30/19				
				7/1/19 - 9/	/30/19				
-	Parameters (PPS)							-) per quarter
	oling Point (Sampling Point ID)			Monitoring		Colle	ection Peri	od Comp	oliance Status
Selec	t from Inventory of Active Sampl	ing Points		4/1/19 - 6/					
				7/1/19 - 9/	/30/19				
•	stem Facility: ENTRY POINT	(WSF ID: 00	0700)						
	And Nitrite (NOX)								(RT) per year
	oling Point (Sampling Point ID)			Monitoring			ection Peri		oliance Status
ENTR	RY POINT (3)			1/1/18 - 12			4/1-9/30	(Complete
				1/1/19 - 12 1/1/20 - 12			4/1-9/30 4/1-9/30		
		Oth	an Campillanaa				4/1-9/30		
		Oth	er Compliance						
	ce Schedule Activity				e Date		Achiev	ed Date	
	TO SANITARY SURVEY				24/2019)			
SEASONAL	L START UP COMPLETION				1/2019				
		Public	Notification R	Requirem	nents				
			Compliance	Notice	<u>Pul</u>	blic Noti	<u>fication</u>	PN Ce	ertification
Violation/			Period	Tier	Requ		Performed		
REVISED T	OTAL COLIFORM RULE (RTCR)		5/5/18 - 5/7/18	3	7/25/			8/4/2019)
	Water	System F	acility and Sar	npling P	oint I	Invent	ory		
Water						Tota			
System	Water System Facility		Point Sampling Poi	nt		Colifor			Stage
Facility ID		ID	Description		Statu		e Rule T	ier Asbesto	s WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ			
			REAM WITHIN 5 SEF		A				
00700	ENTRY ROUNT	UPSTRE			Α .				
00700	ENTRY POINT	3	ENTRY POINT		A				
21168	WELL	2	WELL		A				
			Contact Inform	mation					
Name			Organization					Job Title	2
Mr. David	<u>-</u>		Deep-Engineerin	ng Unit		9	Supv Civil E		
	ddress Line One	Mailing A	ddress Line Two				City	State	Zip Code
163 Great	Hill Road				P	ortland		CT	06480

Emergency Phone Email Address

david.cooley@ct.gov

860-424-3333

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Connection	t Department of Public Health Drinking Water Sec	ction
Wa	er Quality Monitoring and Compliance Schedule	

		- 0 -		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0680144	LAKE WARRAMAUG/SHOP WELL			NC	26	S	GW
Local Address (v	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
WEST SHORE RO	DAD	Connections	4				

Contact Role(s): Administrative Contact, Legal Contact, Owner

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Cor	nnecticu	ut Depa	rtmen	t of	Public	Health	Dri	inki	ng V	Vater	r Se	ection	
		Wat	ter Qua	lity Mo	nit	oring a	nd Con	pli	ance	e Sc	hedu	le		
PWS ID	PWS	Name		_				Class	sificatio	on Po	pulation	Ow	ner Type	Primary Source
CT0680164	MAC	EDONIA BRO	OOK S.P./CA	MP SITE #	30				NC		287		S	GW
Local Addre	ess (where	applicable)				Service	Residen	tial	Comme	ercial	Industr	ial	Combine	d Agricultural
KEELER RO	AD					Connectio	ns 1							
Towns Serv	ved: KENT													
				Mo	nito	oring Re	quireme	nts						
Water Sys	stem Facili	ty: DISTR	IBUTION S	YSTEM (V	VSF II	D: 00600)								
Total Coli	iform (31	00)										1 ro	utine (RT	per quarter
Samp	ling Point (Sampling Po	oint ID)				Monitori	ng Pe	riod	Colle	ection Pe	eriod	Comp	liance Status
Select	t from Inver	ntory of Acti	ve Sampling	Points			4/1/19 -	6/30,	/19				C	Complete
							7/1/19 -	9/30,	/19					
Physical F	Paramete	rs (PPS)									:	1 ro	utine (RT	per quarter
Samp	ling Point (Sampling Po	oint ID)				Monitori	ng Pe	riod	Colle	ection Pe	eriod	Comp	liance Status
Select	t from Inver	ntory of Acti	ve Sampling	Points			4/1/19 -	6/30,	/19				C	Complete
							7/1/19 -	9/30,	/19					
Water Sys	stem Facili	ty: ENTRY	POINT (V	VSF ID: 00	700)									
Nitrate A	nd Nitrite	(NOX)										1	routine	RT) per year
Samp	ling Point (Sampling Po	oint ID)				Monitori	ng Pe	riod	Colle	ection Pe	eriod	Comp	liance Status
ENTR	Y POINT (3)						1/1/18 -	12/31	L/18				C	Complete
							1/1/19 -	12/31	L/19				C	Complete
							1/1/20 -	12/31	L/20					
				Othe	er Co	omplian	ce Sched	lules	S					
Compliance	e Schedule	Activity						Due D	ate		Achi	eved	Date	
RESPOND 1	TO SANITAF	RY SURVEY						2/2/2	800					
		,	Water Sy	ystem F	acili	ty and S	ampling	Poi	nt In	vent	tory			
Water										Tota	l Lead	l and	1	
System	Water Syst	em Facility		Sampling F	Point	Sampling I	Point		(Colifo	rm Cop	per		Stage
Facility ID				ID		Description	n	S	tatus	Rule	e Rule	e Tier	Asbesto	s WQP 2 DBPR
00600	DISTRIBUT	ON SYSTEM		4		DISTRIBUT	ION SYSTEM		Α	Υ				
				DOWNSTR	EAM	WITHIN 5 S	SERVICE CON	٧	Α					
				UPSTRE/	MΑ	WITHIN 5 S	SERVICE CON	٧	Α					
00700	ENTRY POI	NT		3		ENTRY POI	NT		Α					
21170	WELL			2		WELL			Α					
					Con	tact Info	rmation							
Name						ganization							Job Title	
Mr. David	Coolev					ep-Enginee	ering Unit				Supv Civi	il Eng		
Mailing Ad		One		Mailing Ad							City		State	Zip Code
163 Great I				7.0		2			Por	tland	0.01		CT	06480
Business		Extension	Fax		Mohil	le Phone	Emergency	Phon			dress		Ç.	00 100
860-342		LACCIISIOII	860-344-2			05-7552	860-424-				oley@ct.g	אטע		
000-342	15		000-344-7		JUU-2	.00 / 332	000-424-	JJJJ	uav	14.000	,,cy @ ct.8	5 V V		

Contact Role(s): Administrative Contact, Legal Contact, Owner

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

Traces quality from the man do in priamed being and									
WS ID PWS Name					Population	Owner Type	Primary Source		
MACEDONIA BROOK S.P./CAMP SITE #30					287	S	GW		
Local Address (where applicable)			ntial	Commerci	al Industri	al Combine	ed Agricultural		
KEELER ROAD		1							
	PWS Name MACEDONIA BROOK S.P./CAMP SITE #30 where applicable)	PWS Name MACEDONIA BROOK S.P./CAMP SITE #30 where applicable) Service	PWS Name MACEDONIA BROOK S.P./CAMP SITE #30	PWS Name Class MACEDONIA BROOK S.P./CAMP SITE #30 where applicable) Service Residential	PWS Name Classification MACEDONIA BROOK S.P./CAMP SITE #30 where applicable) Service Residential Commercial	PWS Name MACEDONIA BROOK S.P./CAMP SITE #30 NC 287 where applicable) Service Residential Commercial Industria	PWS Name Classification Population Owner Type MACEDONIA BROOK S.P./CAMP SITE #30 NC 287 S where applicable) Service Residential Commercial Industrial Combine		

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section														
Water Quality Monitoring and Compliance Schedule														
PWS ID	PW	/S Name						Cla	ssificati	on Po	pulation	n Ow	ner Type	Primary Source
CT068017	4 M <i>A</i>	ACEDONIA BE	ROOK S.P./ N	/AINTENAI	NCE				NC		37		S	GW
Local Addr	ress (wher	e applicable)				Service	Resider	ntial	Comm	ercial	Industi	rial	Combine	d Agricultural
159 MACE	DONIA BE	ROOK ROAD				Connection	ıs						4	
Towns Ser	ved: KEN	Γ												
Monitoring Requirements														
•		ility: DIST	RIBUTION S	YSTEM (V	NSF II	D: 00600)								
Total Co	-	-											-	per quarter
		t (Sampling F	-				Monitor			Coll	ection P	eriod		liance Status
Selec	t from Inv	entory of Act	ive Sampling	g Points			4/1/19						C	Complete
							7/1/19	- 9/3	0/19					
-		ers (PPS)										1 rou	-	per quarter
Samp	oling Poin	t (Sampling F	Point ID)				Monitor	ing P	Period	Coll	ection P	eriod	Comp	liance Status
Selec	t from Inv	entory of Ac	ive Sampling	g Points			4/1/19	- 6/3	0/19				C	Complete
							7/1/19	- 9/3	0/19					
Water Sy	stem Fac	ility: ENTR	Y POINT (V	WSF ID: 00	700)									
Nitrate A	And Nitri	te (NOX)										1	routine (RT) per year
Samp	oling Poin	t (Sampling F	Point ID)				Monitor	ing P	Period	Coll	ection P	eriod	Comp	liance Status
ENTR	Y POINT (3)					1/1/18 -	12/3	31/18				C	Complete
							1/1/19 -	12/3	31/19				C	Complete
							1/1/20 -	12/3	31/20					
				Oth	er Co	ompliand	e Sched	dule	es					
Compliand	ce Schedu	le Activity						Due	Date		Achi	ieved	Date	
CROSS CO	NNECTIO	N EXEMPTION	J			3/1/2017								
			Water S	ystem F	acili	ty and Sa	ampling	Po	int In	ivent	tory			
Water										Tota	ıl Lead	d and	'	
System		stem Facility	,		Point	Sampling P				Colifo		pper		Stage
Facility ID)			ID		Description			Status	Rul	e Rul	e Tier	Asbesto	s WQP 2 DBPR
00600	DISTRIBU	ITION SYSTEM	Л	4		DISTRIBUTION	ON SYSTEM	1	Α	Υ				
				DOWNSTR	REAM	WITHIN 5 SI	ERVICE CO	N	Α					
				UPSTRE	AM	WITHIN 5 SI	ERVICE CO	N	Α					
00700	ENTRY P	TNIC		3		ENTRY POIN	JT		Α					
21171	WELL #1			2		WELL			Α					
56199	WELL #2			2		WELL #2			Α					
					Con	tact Info	rmatior	1						
Name					Or	ganization							Job Title	
Mr. David	Cooley					eep-Engineer	ing Unit				Supv Civ	il Eng	ineer	
Mailing Ac		e One		Mailing A		s Line Two					City		State	Zip Code
163 Great									Poi	rtland	<u> </u>		СТ	06480
Business		Extension	Fax		Mobil	le Phone	Emergency	/ Pho	ne Em	nail Ad	dress			
				2=60	000 0		000.45							

860-424-3333

david.cooley@ct.gov

860-205-7552

860-344-2560

Contact Role(s): Administrative Contact, Legal Contact, Owner

860-342-2215

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	The state of the s								
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source		
СТ0680174	MACEDONIA BROOK S.P./ MAINTENANCE				37	S	GW		
Local Address (where applicable)		Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural		
159 MACEDONIA BROOK ROAD		Connections				4			
T	Towns Company MENT								

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End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0680194	ERIC SLOANE MUSEUM				NC	25	S	GW
Local Address (where applicable)		Service	Resider	ntial Commerc		al Industri	al Combine	ed Agricultural
ROUTE 7		Connections			1			

Monitoring Requirements							
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	600)						
Total Coliform (3100)		1 rout	ine (RT) per quarter				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete				
	4/1/19 - 6/30/19						
	7/1/19 - 9/30/19						
Physical Parameters (PPS)		1 routine (RT) per quarto					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete				
	4/1/19 - 6/30/19						
	7/1/19 - 9/30/19						
Water System Facility: ENTRY POINT (WSF ID: 00700)							

Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19	_	
	1/1/20 - 12/31/20		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date	
RESPOND TO SANITARY SURVEY	12/23/2018		
SEASONAL START UP COMPLETION	5/1/2019		

	Water System Facility and Sampling Point Inventory								
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21173	WELL	2	WELL	Α					

61136 TREATMENT PLANT

			Co	ontact Inf	ormation				
Name				Organization	ı			Job Title	
Ms. Kristina Newm	1s. Kristina Newman-Scott Dept of Ecomonic & Comm Dev Director of Culture								
Mailing Address Lin	ie One		Mailing Add	ress Line Two		City State			Zip Code
1 Constitution Plaza	3					Hartford	I	СТ	06103
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	ddress		
860-256-2753						kristina.newmanscott@ct.gov			
Contact Role(s): Le	egal Contact		,						

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

(Connecticu	it Depa	irtment o	f Public	Health	Drir	nking	Water	Section		
	Wat	er Qua	lity Moni	toring a	nd Con	nplia	nce S	chedul	le		
PWS ID	PWS Name	WS Name Classification Population Owner Type Primary Source									
CT0680194	ERIC SLOANE MUSEUM NC 25 S GW								GW		
Local Address (wh	nere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed Agricultural	
ROUTE 7				Connection	ns		1				
Towns Served: KE	NT					'					
Name			(Organization					Job Titl	e	
Ms. Elizabeth Sha	apiro		S	State Historic	Preservatio	n		Director (Operations		
Mailing Address L	ine One		Mailing Addre	ss Line Two				City	State	Zip Code	
450 Columbus Blv	/d		Suite 5				Hartfor	·d	СТ	06103	
Business Phone	Extension	Fax	Mok	oile Phone	Emergenc	y Phone	Email A	ddress	,		
860-655-1591					989-640	-2150	morgar	n.bengal@c	t.gov		
Contact Role(s):	Administrative (Contact					•				

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	epartment of	Public Health	n Drin	king	Wa	ater Se	ction	
	Water Q	Quality Monit	oring and Cor	nplia	nce S	che	edule		
PWS ID	PWS Name			_				ner Type Pr	imary Source
CT0680244	BULLS BRIDGE INN			N	С	2	.9	Р	GW
Local Address	(where applicable)		Service Reside	ntial Co	mmercia	l In	dustrial	Combined	Agricultural
333 KENT RO	AD		Connections		1				
Towns Served	d: KENT								
		Monito	oring Requirem	ents					
Water Syste	m Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)						
Total Colifo	rm (3100)						1 rou	tine (RT) լ	oer quarter
Samplin	g Point (Sampling Point ID)		Monito	ring Perio	od Co	llecti	ion Period	Compli	ance Status
Select fr	om Inventory of Active Sam	pling Points	10/1/18	- 12/31/	18			Co	mplete
				- 3/31/1				Co	mplete
				- 6/30/1					
			7/1/19	- 9/30/1	9				
•	rameters (PPS)								oer quarter
-	g Point (Sampling Point ID)			ring Perio		llecti	ion Period		ance Status
Select fr	om Inventory of Active Sam	pling Points		- 12/31/					mplete
				- 3/31/1				Co	mplete
				- 6/30/1					
Mater Syste	m Facility: ENTRY POIN	T /\/\SE ID: 00700\		- 9/30/1	9				
•		1 (W3F ID: 00700)					1		T\
	l Nitrite (NOX) g Point (Sampling Point ID)		Monito	rina Doria	od Co	llocti	1 ion Period	=	T) per year
_	OINT (3)			ring Perio - 12/31/1		песи	on Periou	-	ance Status
ENINTP	Olivi (5)			- 12/31/1 - 12/31/1				CO	mplete
				- 12/31/1 - 12/31/2					
		Othor C			-0				
- "		Other C	ompliance Sche						
_	Schedule Activity			Due Dat			Achieved	Date	
CAP - ADDRE	SS DEFICIENCY			8/18/201					
	Wate	er System Facili	ity and Sampling	g Point	Inver	ntor	γ		
Water						tal	Lead and		
•	ater System Facility	Sampling Point ID	Sampling Point		Š	orm	Copper	Ashastas	Stage
Facility ID	CTDIDLITION CYCTEM		Description	Sta	tus	ıle ,	Kule Her	Aspestos	WQP 2 DBPR
00600 DI	STRIBUTION SYSTEM	4	DISTRIBUTION SYSTEI WITHIN 5 SERVICE CO			′			
00700 5	ITDV DOINT	UPSTREAM	WITHIN 5 SERVICE CO						
	ITRY POINT	3	ENTRY POINT WELL #1	Δ					
23054 W	ELL #1	2		Д	1				
			tact Informatio	n					
Name			rganization					Job Title	
Mr. Henry J.	Zaccara	Вι	ulls Bridge Inn						

Mailing Address Line One Zip Code Mailing Address Line Two City State 333 Kent Road Kent CT 06757 **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 860-210-1982 Contact Role(s): Legal Contact, Owner

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Jonnecticu Mat	•	lity Moni				_			L
		er Qua	iity Moili	toring a	iiu Coii	-			1	
PWS ID F	WS Name					Classif	fication	Population	Owner Type	Primary Sour
CT0680244	BULLS BRIDGE IN	N				N	1C	29	Р	GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	ommerci	al Industri	al Combir	ed Agricultur
333 KENT ROAD				Connection	ns		1			
Towns Served: KE	NT				,			1	1	<u> </u>
Name			(Organization					Job Tit	le
Mr. Thomas Zacc	ara			Bulls Bridge In	n					
Mailing Address L	ine One		Mailing Addre	ess Line Two				City	State	Zip Code
333 Kent Road							Kent		СТ	06757
Business Phone	Extension	Fax	Mol	bile Phone	Emergency	y Phone	Email A	Address		
860-927-1000										
Contact Role(s):	Administrative C	ontact								

Connecticut Department of Public Health Drinking Water Costion

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Conne	cticut Department o	f Public F	lealth l	Drink	ing V	<i>N</i> ater S	Section	n	
		Water Quality Moni	toring an	d Com	pliand	e Sc	hedule			
PWS ID	PWS Name				`				e Pr	imary Source
CT0688104	CLUB GET	AWAY			NC		26	Р		GW
Local Address	(where appli	cable)	Service	Residenti	al Comm	nercial	Industrial	Combi	ned	Agricultural
59 SOUTH KEN	NT ROAD		Connections		6	5				
Towns Served:	: KENT							,		
		Monit	toring Requ	uiremen	ts					
Water Syster	m Facility:	DISTRIBUTION SYSTEM (WSF	ID: 00600)							
Total Colifor	rm (3100)						1 r	outine (F	RT) ¡	er quarter
Sampling	g Point (Samp	oling Point ID)		Monitoring	g Period	Coll	ection Perio	od Coi	npli	ance Status
Select fro	om Inventory	of Active Sampling Points		10/1/18 - 1	.2/31/18				Co	mplete
				4/1/19 - 6	/30/19					
				7/1/19 - 9	/30/19					
Physical Par	ameters (P	PS)					1 r	=		er quarter
	• • •	oling Point ID)		Monitoring		Coll	ection Perio	od Coi	npli	ance Status
Select fro	om Inventory	of Active Sampling Points		10/1/18 - 1					Co	mplete
				4/1/19 - 6						
				7/1/19 - 9	/30/19					
Water Syster	m Facility:	ENTRY POINT (WSF ID: 00700)							
Nitrate And	Nitrite (NC	OX)						1 routin	e (R	T) per year
Sampling	g Point (Samp	oling Point ID)		Monitoring	g Period	Coll	ection Perio	od Coi	mpli	ance Status
ENTRY PO	OINT (3)			1/1/18 - 1	2/31/18				Co	mplete
				1/1/19 - 1						
				1/1/20 - 1	2/31/20					
	Mon	nthly Water System Faci	lity (WSF)	Level M	onitori	ng R	equirem	ents		
Water Syster	m Facility: (CLUB GETAWAY TREATMENT I	PLANT (WSFII	D: TP001)						
Analyte		Monitoring Requirement (Sumn	nary Type)	Opera	iting Limi	t		Sample	es Re	eq/Month
Chlorine		Entry Point RDC (EPRD)		Minin	num: 0.6	5 MG/L	-		Dai	ly
Start Date	: 12/1/2012		Compli	ance Histor	y:	Oper	ating Limit	Mor	nitor	ing
			Monito	ring Period		-	oliance Stat	us: Com	nplia	nce Status:
			11/1/20	18 - 11/30,	/2018					N
			12/1/20	18 - 12/31,	/2018					N
			1/1/201	.9 - 1/31/20)19					N
				.9 - 2/28/20						N
				.9 - 3/31/20						
			4/1/201	.9 - 4/30/20)19					
		Other (Compliance	Schedu	ıles					
Compliance So	chedule Activ	rity		D	ue Date		Achieve	ed Date		

Water System Facility and Sampling Point Inventory Total Lead and Water Sampling Point Sampling Point System Water System Facility **Coliform** Copper Stage Facility ID ID Description Rule Tier Asbestos WQP 2 DBPR Rule Status 00600 DISTRIBUTION SYSTEM 4 TCR REPEAT - LOCATIO Α Υ 1 Υ 4X **DISTRIBUTION** DOWNSTREAM WITHIN 5 SERVICE CON Α

3/1/2019

5/1/2019

CROSS CONNECTION SURVEY REPORT

SEASONAL START UP COMPLETION

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Cla	ssification	Population	Ow	ner Type	Primary Source
CT0688104	CLUB GETAWAY				NC	26		Р	GW
Local Address (where applicable) Service Resid					Commerci	al Industri	ial	Combine	d Agricultural
59 SOUTH KEN	Connections			6					

59 SOUTH	I KENT RO	AD			Connection	ons		6			
Towns Se	rved: KEN	Γ									'
			Water Sy	stem Facili	ty and S	Sampling Po	oint	Invent	tory		
Water System Facility IE	=	stem Facility		Sampling Point ID	-	Point	Stati	Tota Colifo	Lead an	•	Stage S WQP 2 DBPR
	<u> </u>			KITCHEN	KITCHEN S		A	Y			
				LAKEVIEW10	BATHROO		Α	Y			
				LAKEVIEW22	BATHROO	M SINK	Α	Υ			
			N	//EADOWVIEW1	BATHROO	M SINK	Α	Υ			
				RAILROAD7	BATHROO	M SINK	Α	Υ			
				UPSTREAM	WITHIN 5	SERVICE CON	Α				
00700	ENTRY P	TNIC		3	ENTRY PO	INT	Α				
00700X	UNTREA	TED ENTRY PC	DINT	3	ENTRY PO	INT	Α				
CT001	CONTAC	T TANK									
PF001	BOOSTER	R PUMP									
ST001		000-GALLON HERIC TANKS									
ST002	2500 GA	LLON STORAG	E TANK								
ST003	3000 GA	LLON STORAG	E TANK								
TP001	CLUB GE	TAWAY TREAT	ΓMENT	5	CONTACT	TANK OVERFLO	Α				
W001	WELL 1			2	WELL 1		Α				
W002	WELL 2			2	WELL 2		Α				
W003	WELL 3			2	WELL 3		Α				
W004	WELL 4			2	WELL 4		Α				
				Certified	Operato	or Informat	ion				
Water Sy	/stem Fac	ility: CLUB	GETAWAY 1	TREATMENT P	LANT (W	SF ID: TP001)					
Facility Cl	assificatio	n: TREATME	NT PLANT		-						Certification
Operator	Name			Operator Type	e	Certification(s)				Expiration
TOMASCA	AK, THOM	AS S.		CHIEF OPERATO)R	DISTRIBUTION	SYSTE	M OPER	ATOR - CLAS	S I	12/31/2021
						WATER TREATI	MENT	PLANT C	PERATOR -	CLASS I	6/30/2019
				Con	tact Info	ormation					
Name				Or	rganization					Job Title	
				ub Getaway	/ Landco			President			
Mailing A	ddress Lin	e One		Mailing Address		<u> </u>			City	State	Zip Code
59 S. Kent	t Road						ŀ	Kent		СТ	06757
Busines	s Phone	Extension	Fax	Mobil	le Phone	Emergency Ph	one E	mail Add	dress		

917-836-1659

david@clubgetaway.com

860-927-3664

Contact Role(s): Administrative Contact, Legal Contact, Owner

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

water quality Monitoring and compliance beneaute									
PWS ID PWS Name C			Classification Population		Owner Type	Primary Source			
CT0688104	CLUB GETAWAY				26	Р	GW		
Local Address (where applicable) Ser			Resider	ntial Commerc	ial Industr	ial Combine	ed Agricultural		
59 SOUTH KENT ROAD Connections				6					

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0688024	KENT FALLS BREWING COMPANY				NC	35	Р	GW
Local Address (w	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural
33 CAMPS ROAD)	Connections					5	

Towns Served: KENT			
Monitoring Re	equirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT - WELL 1 (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELL 1 (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Water System Facility: WELL 1 (WSF ID: 59572)			
E. Coli (3014)		1 trigge	ered (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL 1 (2)	11/28/18 - 12/4/18		Complete
	11/28/18 - 12/4/18		Complete
	12/20/18 - 12/26/18		Complete

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0688024	KENT FALLS BREWING COMPANY				NC	35	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
33 CAMPS ROAI)	Connections					5	

Towns Served: KENT

Monitoring Ro	equirements		
Water System Facility: WELL 1 (WSF ID: 59572)			
E. Coli (3014)		1 rout	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL 1 (2)	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		_

Public	Notification Re	equiren	nents			
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Physical Parameters M&R Violation	10/1/18 - 10/31/18	3	3/3/2020	3/4/2019	3/13/2020	3/4/2019

	Water S	ystem Facili	ity and Sampling Po	oint Ir	nvento	у		
Water System Facility ID	-	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		KF000	TAP IMMEDIATELY AFTE	Α	Υ			
		KF001	TASTING ROOM HAND- WA	Α	Υ			
		KF002	TASTING ROOM CLEANIN	1	Υ			
		KF003	TASTING ROOM MOP SIN	Α	Υ			
		KF004	BREWERY BATHROOM SIN	Α				
		KF005	BREWERY BATHROOM SIN	Α				
		KF006	SOLAR SHED OUTDOOR F	Α	Υ			
		KF007	SAGE HOUSE HYDRANT	Α	Υ			
		KF008	PARKING LOT HYDRANT	Α	Υ			
		KF009	GREENHOUSE HYDRANT	Α	Υ			
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT - WELL 1	3	EP - WELL 1	Α				
59572	WELL 1	2	WELL 1	Α				
61106	ATMOSPHERIC STORAGE TANKS						-	
61278	TREATMENT PLANT							

	Water Quality Moni	toring and	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0688024	KENT FALLS BREWING COMPANY				NC	35	Р	GW
Local Address (Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural	
33 CAMPS ROA	Connections					5		

Connecticut Department of Public Health Drinking Water Section

			Co	ontact Inf	ormation				
Name		Organization			Job Title				
Mr. David Birnbau	n								
Mailing Address Lin	e One	ess Line Two			City	State	Zip Code		
			33 Camps Ro	ad		Kent		СТ	06757
Business Phone	Extension	Fax	Мс	obile Phone	Emergency Phone	Email Address			
860-398-9645			64	6-616-6721	917-716-6270	davidb@thefoodcycleny.com			
Contact Role(s): A	dministrative (Contact, Ow	ner						
Name				Organization			Job Title		
Mr. Barry Labendz									
	e One		Mailing Addr	ress Line Two			City	State	Zip Code
Mr. Barry Labendz Mailing Address Lin	e One		Mailing Addr			Kent	City	State CT	Zip Code
	e One Extension	Fax	33 Camps Ro		Emergency Phone		•		•

Please note the following:

Towns Served: KENT

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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End of schedule